FEB 19 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

899

1. PLACE OF DEATH
County: Greene
Township: Brookline
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 317
Primary Registration District No. 5441

File No. .....
Registered No. .....

2. FULL NAME: Clarence E. Oatman

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Ida Oatman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 19, 1874

7. AGE: Years 61 | Months 5 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

FATHER
13. NAME: M. B. Oatman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

MOTHER
15. MAIDEN NAME: Delia Jennings
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Mrs. Ida Oatman, Brookline

18. BURIAL, CREMATION, OR REMOVAL
PLACE: McElhaney Cemetery DATE: Jan 29, 1936

19. UNDERTAKER (ADDRESS): A. E. Thurman & Co. Republic, Mo.

20. FILED: Jan. 28, 1936 Mrs Bertha Nance Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1936, to Jan 27, 1936
I last saw him alive on Jan 27, 1936. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1/26-36

Other contributory causes of importance:

Arteriosclerosis	1/15-35

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) E. M. LeCompt, M. D.
(Address) Brookline Mo-Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD